Results: Alterations to timetabling maximised cadaver use, and trainer and trainee time. Twenty-two CSTs attended the second workshop. 50 operations with workplace based assessments were completed. Costs were £166 per operation (initial workshop, £203). All participants found FFC tissue 'similar or very similar' to live tissue and the course 'useful or very useful' to improve skills and confidence. A modified DREEM score of 142/184 is an 'excellent educational experience'.
Conclusions: Whole FFC can provide simulation of operative procedures in a safe environment. Maximising FFCs means costs compare favourably to lower fidelity models. The model has potential for wider adoption.

1322: HEALTHCARE STAFF NUMBERS INVOLVED IN PATIENT-CARE IN AN ACUTE SURGICAL PATIENT

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Introduction: Consultant treatment outcomes have been made available to the public domain. It states how surgeons perform at NHS hospitals. We sought to identify the number of healthcare personnel who are involved in the care of a single patient in an NHS hospital, which may impact on outcomes.
Methods: A retrospective case note review was performed on surgical admissions in two general surgical wards in a teaching-hospital. Medical and nursing rotas were analysed. All staff involved in the care of patients were included.
Results: 55 admissions (average length-of-stay 2.1 days) under a single surgical team were analysed. An average of 10.2 surgical staff (1 consultant, 10 juniors) and 5 nursing staff involved. Other specialist medical input was provided in 5 patients.
Conclusions: The complexities involved in the management of individual patients within the health service are significant. The reliance on a multidisciplinary approach is invaluable. Encouraging a no-blame culture within the NHS is pivotal in improving patient safety. The increased transparency adapted by the health service is a positive step. However, publication of outcomes from teams rather than individuals may help augment the two former points and serve to improve quality improvement in the NHS.

1326: ASSOCIATION OF SURGEON'S IN TRAINING (ASIT) NATIONAL SURGICAL MENTORING SCHEME PILOT: PRELIMINARY RESULTS

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Introduction: There is growing evidence that mentoring is beneficial to career satisfaction, progression and life/work balance. ASiT have developed a national mentoring scheme for surgical trainees, including coaching training for mentors. This study undertakes preliminary evaluation of the pilot currently running and identifies challenges to its implementation.
Methods: All mentors and mentees volunteered to participate. Mentors completed a formal training process with an accredited coach. All participants signed a mentoring agreement, agreeing to a code of conduct. Demographics were obtained for all participants and meeting outcomes recorded for later analysis.
Results: 18 trainees volunteered to become mentors. 7 dropped out (39%). Mentors range from FY1 to Registrar, come from 6 surgical specialties and a variety of training regions. 31 trainees applied to be mentees; 8 (26%) dropped out. Mentees were from all training grades, 7 surgical specialties and a variety of training regions. Matching was complicated by a disparity in region and specialty, but video calls (e.g. Skype®) represented one solution.
Conclusions: This pilot is a novel trainee-led scheme. Pilot evaluation has highlighted important challenges including high drop-out rates. Dates for mentoring training must be established in advance of advertising. Further investigation is required to elucidate reasons for mentees leaving the scheme.

Transplant surgery

0356: VALGANCICLOVIR-INDUCED LECUOPENIA IN RENAL TRANSPLANT RECIPIENTS TREATED WITH MYCOPHENOLATE MOFETIL

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Introduction: Cytomegalovirus (CMV) is a viral infection commonly affecting renal transplant recipients. Current guidelines recommend the prophylactic treatment of patients at risk from CMV with oral Valganciclovir (VGC), however, myelotoxic side effects have been reported. The severity of leucopenia is reported to be increased when used in conjunction with Mycophenolate Mofetil (MMF), although some studies have shown conflicting evidence.
Methods: Retrospective analysis of patient clinical data, post-renal-transplant, was performed. Patients included were treated with; MMF and VGC [MMF(+)VGC(+)], MMF but not VGC [MMF(+)VGC(-)], no MMF but with VGC [MMF(-)VGC(+)] and, neither MMF or VGC [MMF(-)VGC(-)]. Blood results and other relevant data were collected from clinical databases.
Results: In total, data from 61 patients were analysed. 13 patients were MMF(+)VGC(+), 48 patients were MMF(+)VGC(-), 5 patients were MMF(-)VGC(+) and 12 patients were MMF(-)VGC(-). Of these, 6 MMF(+)VGC(+) patients and 3 MMF(+)VGC(-) patients were leucopenic within the first 3 months post-renal-transplant ($p=0.001$). This difference was not apparent in patients that were not treated with a MMF regime.
Conclusions: Patients treated with MMF and VGC are at a significantly higher risk of leucopenia when compared to patients not treated with MMF and VGC in the first 3 months post-renal-transplant.

0391: SIGNIFICANCE OF ILIAC ARTERIAL DISEASE IN A RENAL TRANSPLANT POPULATION

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Introduction: The aetiology of iliac arterial disease in renal failure patients is poorly understood despite major implications for transplantation feasibility and lower limb viability. We investigated the incidence, clinical impact and potential risk factors associated with iliac arterial disease.
Methods: 355 renal transplant recipients, who had pre-operative ultrasound iliac angiology (UA) - between January 2011 and December 2012, were retrospectively analysed. Data were collected on: dialysis dependency, BMI, statin use, blood pressure, hyperlipidaemia, smoking status, calcium-phosphate product, diabetes, peripheral vascular disease (PVD) and post-transplant surgical complications. Data were analysed using SPSS univariate tests of association.
Results: The mean age was 47 years (SD14) and 65% of the cohort was female. 40 patients (11%) had significant iliac arterial disease on UA. Postoperative arterial complication rates were equivalent between those with normal and abnormal iliac vessels: 4% v 2% ($p>0.05$). Only advancing age (>51 years) was significantly associated with iliac arterial disease ($p=0.007$). Other aforementioned potential risk factors were not found to be associated.
Conclusions: Iliac arterial disease is usually clinically silent and does not affect the immediate success of transplantation. Except for advancing age, traditional cardiovascular risk factors are not associated with iliac arterial disease in this population.

0392: THE ECONOMIC COST VS. CLINICAL BENEFIT OF US ANGIOLOGY IN RENAL TRANSPLANT RECIPIENTS

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Introduction: Guidelines suggest that in at-risk kidney transplant recipients, pre-operative ultrasound angiology (UA) should be used to determine iliac vessel abnormalities. This is to enhance operative decision-making over and above simple clinical examination. However UA is costly and its clinical benefit and economic value are not known within this patient group.
Methods: We retrospectively collected data for 355 renal transplant recipients between January 2011 and December 2012. The data we analysed included UA results, abnormality of the femoral pulse on clinical examination and any documented changes in the operative management plan such as change in laterality of kidney implantation.
Results: Of the 46/355 patients had abnormal results. 7/46 abnormal results led to a change in laterality of kidney implantation. 4 of these 7 patients had abnormalities on clinical examination. Thus for every 1 clinically significant iliac lesion identified the number needed to scan was 64. At a unit cost of £120 the cost of identification of one surgically important lesion is £7680.
Conclusions: UA is costly and rarely changes the operative management plan. More economically viable methods of assessing the technical feasibility of kidney transplantation should be sought.